CLAIMS ONLY	Application Number	Filing Date
	10815293	
	Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	|						51		|				
2		|					52		|				
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44		|					94						
45	|						95						
46	|						96						
47		|					97						
48		|					98						
49		|					99						
50		|					100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						